The focus has been shifted from "Pledging of Eyes" to "Actual Collection of Eyes" by launching "Hospital Retrievable Programme" in major with various specialities, teaching hospitals attached to Medical Colleges and large multi-specialty hospitals in Government and Non-Government Sector, Army, Railways, ESI and Industrial Establishments of the Country.

Causes of infant deaths

1311. SHRI VIJAY JAWAHARLAL DARDA:
SHRI GIREESH KUMAR SANGHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the respiratory and gastro-intestinal disorders are two major causes of infant deaths;

(b) if so, whether our district and block level hospitals are having specialists in these fields and are equipped with the requisite infrastructure; and

(c) what is the extent of penetration of healthcare in semi-urban and rural areas, in addition to rural health coverage under the Grameen Swasthiya Yojana?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the Report on Causes of death in India 2001-2003, by the Registrar General of India, Ministry of Home Affairs, the leading causes of infant deaths are as under :-

1. Perinatal conditions (46%);

2. Respiratory infections (22%);

3. Diarrhoeal diseases (10%);

4. Other infectious and parasitic diseases (8%);

5. Congenital anomalies (3.1%);

(b) and (c) Under the umbrella of the National Rural Health Mission (NRHM) (2005-2012) the Reproductive and Child Health Programme Phase II, aims to improve access for rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care, with a special focus on 18 States which have weak public health indicators and weak infrastructure. This includes creation of new health facilities and up gradation of the existing ones, need based hiring of skilled manpower and provision of required equipments and drugs.

Central assistance for eradication of malaria

1312. SHRI GOVINDRAO WAMANRAO ADIK:
SHRI SANJAY RAUT:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether malaria has taken a heavy toll of life this year in Mumbai, Maharashtra and other States this year;

(b) if so, how many such deaths have been reported so far from all the States; and

(c) the amount of Central assistance given for eradication of malaria in different States, this year and during the last three years in different ways?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) No. The total deaths reported on account of malaria in the current year (upto September, 2009) are only marginally higher compared to the total deaths in the country as a whole during the corresponding period in 2008. As regards Maharashtra, in the current year (upto September, 2009), deaths reported on account of Malaria are 106 as against 101 deaths in 2008 during the corresponding period.

(b) State-wise reported deaths due to malaria in the country during this year (upto September, 2009) are as follows :

State/UTs	No. of deaths
Andhra Pradesh	1
Assam	46
Chhattisgarh	3
Goa	1
Gujarat	1
Jharkhand	8
Maharashtra	106*
Manipur	3
Meghalaya	144
Mizoram	107
Nagaland	30
Orissa	126
Tamil Nadu	1
Tripura	60
West Bengal	81
Dadra Nagar Haveli	1
TOTAL	719

*Including deaths in Mumbai – 83

(c) The amount of Central assistance given to different States/UTs during the last three years and the current financial year in form of grants-in-aid (cash and kind) under National

Vector Borne Disease Control Programme for prevention and control of vector borne diseases including Malaria is given in the Statement.

Statement

Details of Central Assistance given to the States/UTs in the form of grants-in-aid (cash and kind) during last three years and current year under National Vector Borne Disease control programme for prevention and Control of Vector Borne Diseases including malaria

(Figures in Rs. Lakh)

Sl. No.	State/UT	2006-07	2007-08	2008-09	2009-10 (Budget Estimates)
1	2	3	4	5	6
1.	Andhra Pradesh	1,209.76	1,961.17	1,172.30	1,416.19
2.	Arunachal Pradesh	480.58	566.99	884.57	858.93
3.	Assam	1,979.85	3,582.09	3,635.08	6,616.03
4.	Bihar	1,922.27	2,019.63	2,681.21	3,307.70
5.	Chhattisgarh	2,579.43	2,668.39	2,054.90	1,956.33
6.	Goa	27.40	118.20	16.91	57.57
7.	Gujarat	1,059.80	1,608.85	483.29	698.46
8.	Haryana	283.96	172.39	47.93	146.44
9.	Himachal Pradesh	0.00	5.30	11.13	26.10
10.	Jammu and Kashmir	6.49	4.50	17.97	21.21
11.	Jharkhand	2,862.64	2,076.75	3,438.25	3,433.18
12.	Karnataka	693.67	364.26	681.46	470.22
13.	Kerala	431.44	855.26	307.59	329.79
14.	Madhya Pradesh	1,569.17	1,630.68	739.83	1,444.44
15.	Maharashtra	1,272.01	1,851.39	1,084.11	978.41
16.	Manipur	367.15	369.13	323.85	723.66
17.	Meghalaya	496.08	542.51	497.63	1,102.16
18.	Mizoram	507.05	498.52	418.78	664.19
19.	Nagaland	695.28	549.27	610.04	913.10

1	2	3	4	5	6
20.	Orissa	3,577.27	5,166.04	2,153.06	5,672.29
21.	Punjab	40.98	57.07	92.71	143.40
22.	Rajasthan	877.36	1,701.78	1,033.16	674.32
23.	Sikkim	12.93	4.98	10.77	28.68
24.	Tamil Nadu	753.49	751.38	289.55	627.11
25.	Tripura	668.29	905.65	627.31	1,358.22
26.	Uttar Pradesh	2,159.32	1,617.55	2,007.84	2,742.96
27.	Uttaranchal	29.12	47.26	40.93	39.28
28.	West Bengal	1,433.20	1,726.42	1,439.47	3,176.03
29.	Delhi	249.75	236.70	57.31	73.67
30.	Pondicherry	154.79	18.58	3.19	43.23
31.	Andaman and Nicobar Islands	429.42	365.58	287.47	434.29
32.	Chandigarh	40.13	56.81	57.86	55.66
33.	Dadra and Nagar Haveli	41.95	51.26	45.55	64.52
34.	Daman and Diu	20.36	24.66	22.15	19.90
35.	Lakshadweep	12.65	2.80	14.37	22.33
	TOTAL	28,945.04	34,179.80	27,289.53	40,340.00

MoUs with private hospitals

1313. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has signed MoUs, with private hospitals for giving medical services to Central Government Health Scheme (CGHS) patients including Members of Parliament;

(b) if so, the salient features of the agreement;

(c) whether it is a fact that there is a vast difference between the CGHS rates and the rates the private hospitals charge for the Members of Parliament, resulting them paying substantial amount of hospital bills from their own pockets; and

(d) if so, the reasons for the same?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Yes, all private hospitals, before empanelment with the CGHS, are required to sign a